

NOV 07 2005 10:52 FR BUTZEL LONG

2482581439 TO 915712738300 RECEIVED
CENTRAL FAX CENTER

BUTZEL LONG
ATTORNEYS AND COUNSELORS

Suite 200 NOV 07 2005
100 Bloomfield Hills Parkway
Bloomfield Hills, MI 48304-2949
(248) 258-1616

Fax: (248) 258-1439

Fax Cover Sheet

Please deliver the following pages to:

Name: Examiner C. Davis GAU 3611
Firm: U.S. Patent and Trademark Office
City & State: _____
Fax Number: 703-872-9306
File Reference: 132818-1

From:

Name: William J. Clemens
Date: November 7, 2005 Time: 8:48 AM
 Please Confirm Transmission
Contact Phone No 248-593-3019

Message: Please see the following Amendment for filing in patent application S/N 10/723,635.

Thank you.

RECEIVED
OIPC/LAP

NOV 08 2005

RECEIVED
OIPC/LAP

NOV 07 2005

This material is intended only for the individual or entity to which it is addressed. It may contain privileged, confidential information which is exempt from disclosure under applicable laws. If you are not the intended recipient, please note that you are strictly prohibited from disseminating or distributing this material (other than to the intended recipient) or copying this material. If you have received this communication in error, please notify us immediately by telephone and return this material (and all copies) to us by mail at the above address. On request, we will reimburse you for any cost of return. Thank you.

Number of Pages (including this cover page) 10

If you do not receive all of the pages, please call back as soon as possible

Office Services: (248) 258-4495

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL For FY 2005 Effective 01/01/2003. Patent fees are subject to annual revision.		Complete if known																																																							
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$ 60)		Application Number	10/723,635																																																						
		Filing Date	November 26, 2003																																																						
		First Named Inventor	Michael A. Sturba et al.																																																						
		Examiner Name	Cassandra Hope Davis																																																						
		Group/Art Unit	3611																																																						
		Attorney Docket No.	132818-0001 (formerly 16137)																																																						
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																																																							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____																																																									
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>12-2136</u>		Deposit Account Name <u>Butzel Long</u>																																																							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)																																																									
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee																																																							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input type="checkbox"/> Credit any overpayments																																																							
Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																									
FEE CALCULATION																																																									
1. Basic Filing, Search, and Examination Fees <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"><u>Application Type</u></th> <th colspan="2"><u>FILING FEES</u></th> <th colspan="2"><u>SEARCH FEES</u></th> <th colspan="2"><u>EXAMINATION FEES</u></th> <th rowspan="2"><u>Fees Paid (\$)</u></th> </tr> <tr> <th><u>Small Entity</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity</u></th> <th><u>Fee (\$)</u></th> <th><u>Small Entity</u></th> <th><u>Fee (\$)</u></th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </tbody> </table>				<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>																																																		
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>																																																			
Utility	300	150	500	250	200	100																																																			
Design	200	100	100	50	130	65																																																			
Plant	200	100	300	150	160	80																																																			
Reissue	300	150	500	250	600	300																																																			
Provisional	200	100	0	0	0	0																																																			
2. EXCESS CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"><u>Total Claims</u></th> <th rowspan="2"><u>Extra Claims</u></th> <th rowspan="2"><u>Fee (\$)</u></th> <th rowspan="2"><u>Fee Paid (\$)</u></th> <th colspan="2"><u>Small Entity</u></th> </tr> <tr> <th><u>Fee (\$)</u></th> <th><u>Fee (\$)</u></th> </tr> </thead> <tbody> <tr> <td>- 20 or HP =</td> <td>x</td> <td>=</td> <td></td> <td>50</td> <td>25</td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20.</td> <td>200</td> <td>100</td> </tr> <tr> <td colspan="4"></td> <td>360</td> <td>180</td> </tr> <tr> <th colspan="3"></th> <th colspan="3"><u>Multiple Dependent Claims</u></th> </tr> <tr> <th><u>Total Claims</u></th> <th><u>Extra Claims</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> </tr> <tr> <td>- 3 or HP =</td> <td>x</td> <td>=</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> <td></td> <td></td> </tr> </tbody> </table>				<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>		<u>Fee (\$)</u>	<u>Fee (\$)</u>	- 20 or HP =	x	=		50	25	HP = highest number of total claims paid for, if greater than 20.				200	100					360	180				<u>Multiple Dependent Claims</u>			<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	- 3 or HP =	x	=				HP = highest number of independent claims paid for, if greater than 3.									
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>					<u>Small Entity</u>																																																	
				<u>Fee (\$)</u>	<u>Fee (\$)</u>																																																				
- 20 or HP =	x	=		50	25																																																				
HP = highest number of total claims paid for, if greater than 20.				200	100																																																				
				360	180																																																				
			<u>Multiple Dependent Claims</u>																																																						
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																																																				
- 3 or HP =	x	=																																																							
HP = highest number of independent claims paid for, if greater than 3.																																																									
3. APPLICATION SIZE FEE <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(g).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th><u>Total Sheets</u></th> <th><u>Extra Sheets</u></th> <th><u>Number of each additional 50 or fraction thereof</u></th> <th><u>Fee (\$)</u></th> <th><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>/50 =</td> <td>(round up to a whole number)</td> <td>x</td> <td>=</td> </tr> <tr> <td colspan="5"></td> <td><u>Fee Paid (\$)</u></td> </tr> </tbody> </table>				<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		/50 =	(round up to a whole number)	x	=						<u>Fee Paid (\$)</u>																																						
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																																																					
	/50 =	(round up to a whole number)	x	=																																																					
					<u>Fee Paid (\$)</u>																																																				
4. OTHER FEE(S) <p>Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): <u>One-Month Extension of Time</u></p>																																																									
				Complete (if applicable)																																																					
SUBMITTED BY																																																									
Type or Printed Name	William J. Clemens			Reg. No. 26,855																																																					
Signature				Date November 7, 2005																																																					

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.